

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>WAG</i>		
<b>O.I.P.E. CLASSIFIER</b>	<i>W</i>	<i>45</i>	<i>5/10/00</i>
<b>FORMALITY REVIEW</b>		<i>159.8</i>	<i>5-19-2000</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	05/28/00
2 ✓	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30 ✓	
31 ✓	
32 ○	
33 ✓	
34 ✓	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47 ✓	
48 ✓	
49 ✓	
50 ○	

Claim	Date
Final	
Original	
51 ✓	05/28/00
52 ✓	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68 ✓	
69 ✓	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
Final	
Original	
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions  
staple additional sheet here

BEST AVAILABLE COPY